



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF FUNERAL SERVICES

TELEPHONE: (302) 744-4500
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APPLICATION FOR CREMATORY ESTABLISHMENT PERMIT INSTRUCTIONS

When to Apply

A valid Crematory Establishment Permit issued by the Board of Funeral Services is required to open or operate a crematory in Delaware when crematory is not part of a Delaware-licensed Funeral Establishment's operation. Section 13.2.13 of the Board's [Rules and Regulations](#) more fully explains when a crematory does **not** need a permit.

Use this form to file an application for a(n):

- Initial permit for a new Crematory Establishment
- New permit for a previously licensed Crematory Establishment that is relocating
- New permit for a previously licensed Crematory Establishment that has changed ownership

This permit is *in addition to* a business license issued by the Division of Revenue.

Requirements

- ☐ Submit a completed, signed and notarized [Application for Crematory Establishment Permit](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Enclose a copy of your Delaware Division of Revenue business license for the crematory.

Reporting Changes

File a new [Application for Crematory Establishment Permit](#) when either of the following events occurs:

- The ownership of licensed crematory establishment changes (even if name remains the same).
- A licensed Crematory Establishment moves to a new location.

If neither of the above events has occurred, file a [Crematory Establishment Permit Change Request](#) form to report the following. No fee is required when reporting these events:

- The Crematory Establishment's name, *not its ownership*, changes.
- The Crematory Establishment's managing certified operator changes. For more information, see Sections 13.1 and 13.2.14 of the Board's [Rules and Regulations](#).



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APPLICATION FOR CREMATORY ESTABLISHMENT PERMIT

TYPE OF APPLICATION

1. Check the reason you are filing this application:

- ☐ Initial Application for New Establishment
- ☐ Ownership Change – Permit Number where change occurring: **K5-**_____
- ☐ Relocation – Permit Number where change occurring: **K5-**_____

CONTACT AND LOCATION INFORMATION

2. Name of Crematory Establishment (as it should appear on permit): _____

If you checked Ownership Change in Question 1, is this a new name? Yes ☐ No ☐ If yes, enter **former** name: _____

3. **Location Address:** _____

Street (No PO Boxes)

_____ **Delaware** _____
City State Zip

If you checked Relocation in Question 1, enter **former** location: _____

Street (No PO Boxes)

_____ **Delaware** _____
City State Zip

4. Phone: _____ Email: _____ None ☐

5. **Mailing Address** (if different from physical location): _____

_____ City State Zip

OWNERSHIP INFORMATION

6. Enter the following information about the **Owner** of this Crematory Establishment:

Name: _____ Is the owner a corporation? Yes ☐ No ☐

Address: _____
Street

_____ City State Zip

If you checked Ownership Change in Question 1, enter **former** owner's name: _____

7. Enter the following information about the **Landowner** where this Crematory Establishment is located:

Name: _____ Is the landowner a corporation? Yes ☐ No ☐

Address: _____
Street

City

State

Zip

8. If the establishment owner (Question 6) or landowner (Question 7) is a corporation, complete the following:

	ESTABLISHMENT OWNER	LANDOWNER
State of Incorporation		
Names and Titles of Corporate Officers		

CREMATORY OPERATIONS INFORMATION

9. A certified crematory operator must be on the premises during the cremation process (Section 13.2.14 of the [Rules and Regulations](#)). Do you understand and agree to comply with this rule? Yes ☐ No ☐ List the certified operators at this establishment. If you need more room, enclose a separate sheet.

NAME	CERTIFICATION AUTHORITY	CERTIFICATE NUMBER	EXPIRATION DATE
	CANA <input type="checkbox"/> ICCFA <input type="checkbox"/> Other: _____		
	CANA <input type="checkbox"/> ICCFA <input type="checkbox"/> Other: _____		
	CANA <input type="checkbox"/> ICCFA <input type="checkbox"/> Other: _____		
	CANA <input type="checkbox"/> ICCFA <input type="checkbox"/> Other: _____		

10. All persons assisting in crematory operations who were hired after May 11, 2018 must have at least a GED (Section 13.2.16 of the [Rules and Regulations](#)). Do you understand and agree to comply with this rule? Yes ☐ No ☐

11. List all current crematory workers.
Enclose a separate sheet if you need more room.

NAME	DATE HIRED

INFORMATION ABOUT PREMISES

12. Is the property where the establishment is located properly zoned by the local zoning authority? Yes ☐ No ☐

13. Has the crematory acquired all the appropriate business licenses issued by the State Division of Revenue?
Yes ☐ No ☐

Submit a copy of the Division of Revenue business license for the establishment.

14. When will the crematory begin operation? _____ (month/day/year)

15. Does the building contain a locked refrigeration room? Yes ☐ No ☐ If yes, enter the location: _____

To ensure consideration of your application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not *complete* within 12 months of filing may be considered abandoned and discarded.

AFFIDAVIT

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed and signs this application, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

Signature of Applicant: _____ Date: _____

Printed Name: _____ Position: _____

State of _____ County or City of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____

Notary Signature: _____

SEAL

My commission expires _____

***APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE
REQUIRED FEE WILL BE REJECTED.***